



On-line registration available:

www.darienct.gov/yc

(Client will need Family Pin # & Client Barcode
to complete on-line registration.)

If needed, call 203-656-7388 for those numbers.)

FOR OFFICE USE ONLY

| | |
|------------------------------|-------------------|
| CAMP _____ | SESSION _____ |
| CHECK # _____ | AMOUNT PAID _____ |
| PD IN FULL _____ | BALANCE DUE _____ |
| EARLY DROP OFF COUPONS _____ | |
| SCHOLARSHIP _____ | |

2010 SUMMER CAMP REGISTRATION FORM

Darien Youth Commission — 203-656-7326

2 Renshaw Rd. — Darien, CT 06820 — asillars@darienct.gov

REGISTRATION MUST BE MAILED IF PAYING BY CHECK. IN PERSON REGISTRATION BEGINS 2/16.

NOTE: A NON-REFUNDABLE \$25 REGISTRATION/CANCELLATION FEE IS INCLUDED IN EACH SESSION FEE. (Written cancellation must be submitted by 5/21. After that date, a 25% cancellation fee will be assessed until the start of camp. No refunds will be issued after the start of camp.)

Please use a separate registration form for each child. ***PLEASE FILL IN COMPLETELY AND PRINT CLEARLY.***

CAMPER ELIGIBILITY: a Darien child must have successfully completed kindergarten (be entering first grade) through entering the sixth grade. Based on space availability, non-resident eligibility begins after 5/21/10

Registration deadline: 5/21/10 FEES: \$673.30 for 6 weeks;

\$342.84 (SESSION 1;) \$400 (SESSION 2)

PLEASE INDICATE BELOW SESSION(S) DESIRED AND ELIGIBLE CAMP:

(A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH CHILD)

_____ Full 6 weeks (June 23—July 29)

_____ Session I (June 23—July 9)

_____ Session II (July 12—July 29)

_____ CAMP HINDLEY (Completed Kindergarten)

_____ CAMP ROYLE (Completed Grades 1 & 2)

_____ CAMP MATHER (Completed Grades 3, 4 & 5)

CHILD'S NAME: _____

CURRENT GRADE: _____ CURRENT SCHOOL: _____ AGE: _____

IS THIS YOUR CHILD'S FIRST YC SUMMER CAMP EXPERIENCE? _____ YES _____ NO

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____ PARENT E-MAIL ADDRESS _____

HOME PHONE: _____

MOTHER'S WORK PHONE: _____ MOTHER'S CELL PHONE: _____

FATHER'S WORK PHONE: _____ FATHER'S CELL PHONE: _____

EMERGENCY CONTACT in case Parent/Guardian is unavailable. (This should be someone who can pick up child if sick.)

NAME & ADDRESS _____ HOME # _____

CELL PHONE _____ RELATIONSHIP TO CAMPER _____

REQUEST TO APPLY FOR A CAMP SCHOLARSHIP

Request for a scholarship application: _____ Yes Please indicate scholarship amount requested: _____

Please note: ALL CAMPERS ARE REQUIRED TO PAY A NON-REFUNDABLE \$25 PER SESSION FEE, INCLUDING THOSE REQUESTING SCHOLARSHIPS. PLEASE ENCLOSE THIS AMOUNT WITH THIS REGISTRATION FORM.

A scholarship application will be sent with confirmation packet. Scholarship application (with supporting documentation required) must be returned to this office by **MAY 3**.

PLEASE UNDERSTAND THAT REQUESTING A SCHOLARSHIP IS NOT A GUARANTEE THAT A SCHOLARSHIP WILL BE GRANTED. IF GRANTED, A SCHOLARSHIP MAY BE A FULL OR PARTIAL AWARD OF THE REQUESTED AMOUNT.

DARIEN YOUTH COMMISSION SUMMER CAMP MEDICAL INFORMATION

Please complete the following information regarding your child's health

Child's Name _____

Physician's Name & Address _____ Phone _____

Date of last physical exam _____

Family Dentist & Address _____ Phone _____

Is your child in good physical condition? Yes _____ No _____

Does child have any medical or physical condition that camp staff should be aware of? Yes _____ No _____

If so, please describe _____

Please list any allergies your child has: _____

Is your child required to take medication during camp hours? Yes _____ No _____

If yes, please describe _____

(Please be advised that if your child needs medication during camp hours, a completed Authorization to Administer Medication form must be completed by physician & returned to NYC prior to camp start date)

In the event of injury or illness, if reasonable attempts to contact parent/guardian and other emergency contact have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed medical professional or facility.

Hospital of Choice: Stamford _____ Norwalk _____

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's Summer Camp Program.

Signature of Parent/Guardian _____ Date _____

PLEASE COMPLETE INFORMATION REGARDING TEE SHIRTS & SWIMMING ABILITY

CAMP T-SHIRT: Campers will receive one free tee-shirt to be worn on field trips. Please indicate size:

CHILD MED _____

CHILD LRG _____

ADULT MED _____

ADULT LRG _____

EARLY DROP-OFF COUPON REQUEST

Please fill out the following:

_____ Individual

Tickets @ \$4.00 each

_____ Book of 14 @

\$50.00 per book

_____ TOTAL

AMOUNT INCLUDED FOR COUPONS

SWIMMING ABILITY:

Non-Swimmer _____

Beg _____

Int _____

Adv _____

FIELD TRIP PERMISSION & RELEASE

I give permission for my child _____ to go by bus on all scheduled field trips.

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for personal injury, bodily injury, illness and property damage arising from _____ participation in the Youth Commission's Summer Camp Program. (child's name)

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Photo Policy: By registering your child for this program, you give the Youth Commission permission to take and publish photos of your child participating in this program. If you do not wish your child to be photographed, you must include this request in writing along with your registration.

DARIEN YOUTH COMMISSION — 2 RENSHAW ROAD — DARIEN, CT 06820